



Healthy Families Program 2010 Dental Quality Report

**California Managed Risk Medical Insurance Board
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Managed Risk Medical Insurance Board Healthy Families Program

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost-effective health care services to improve the health of Californians.

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TABLE OF CONTENTS

Executive Summary.....	1
Background.....	2
Individual Dental Measures	
Annual Dental Visit.....	4
Oral Health Examinations and Preventive Dental Services.....	9
Continuity of Care.....	11
Children Receiving Fillings.....	12
Filling to Preventive Services Ratio.....	14
Utilization of Dental Treatment Services.....	15
Consumer Survey of Families.....	16
Your Child's Regular Dentist.....	17
Your Child's Dental Plan.....	18
Overall Condition of Your Child's Teeth and Gums.....	19
2011 and Beyond.....	20
Appendix A: Data Analysis for Dental Measures.....	21
Appendix B: Data Analysis for D-CAHPS.....	22
Appendix C: HFP Dental Measures: Dental Plan Trends.....	23

EXECUTIVE SUMMARY

Healthy Families Program Dental Services and Reporting

The Managed Risk Medical Insurance Board (MRMIB) Healthy Families Program (HFP) has been providing comprehensive dental coverage and evaluating dental plan performance since 1998. In 2009, the Children's Health Insurance Program (CHIP) Reauthorization Act required all states to provide dental coverage to children enrolled in CHIP.

MRMIB monitors the quality of dental services provided to HFP children using measures related to utilization, preventive services and treatment. MRMIB also sponsors the Dental Consumer Assessment of Health Plans and Systems (D-CAHPS®) survey to measure satisfaction of HFP families with the dental plans and their dentists. To our knowledge, the HFP is the only program in the country using this survey.

Parents receive performance results in enrollment materials, including the program handbook, and can use the information to compare dental plans. Reports are available to the public on the MRMIB website.

Yearly Quality Improvements in Dental Measures

HFP performance continued to improve this year in nearly every measure – a testament to improvement efforts made by all our dental plans that together drive performance higher each year. These increases are likely to be due not only to improvement in accessibility and quality of services, but to improvements in reporting as well. Among our primary care plans in 2010, Western Dental was a standout performer for utilization and preventive services, and Access Dental was the top performing plan for continuity of care, which measures the percentage of children receiving a preventive care visit two years in a row.

Nearly 97 percent of HFP continuously enrolled children who visited a dentist for any reason also received a preventive dental service such as an examination, a cleaning and/or a fluoride treatment. Rates for two other measures related to quality of care – Continuity of Care and the Filling to Preventive Services Ratio – were higher than the yearly exams or oral hygiene visits. This lends support to the notion that once in, a child is likely to receive recommended, quality care from the dentist, and that efforts to encourage families to make that first dental visit may reap the most benefit. A recent grant from DentaQuest to MRMIB will focus on ways to improve the rate at which HFP children visit the dentist.

No Change in the Rate of Dental Caries

The number of HFP children with caries has remained constant over the last three years – 42 percent of children visiting the dentist in 2010 also received a filling during the year. Although our ultimate goal is to see a decrease in the number of children with caries, in light of recent reports about increases in dental disease, MRMIB would like to recognize the efforts by our families, who through healthful eating habits and good oral hygiene, and with help from their dental care providers, have kept the rate of caries from increasing.

Improvements in Consumer Satisfaction

Dentists and Dental Plans received significantly higher ratings from HFP parents in the 2010/11 consumer survey compared to HFP's previous survey in 2007/08. HFP's latest dental consumer survey, which began in April 2012, poses a new question to families whose children did not visit the dentist in 2011 for their reason for not visiting the dentist – perception of necessity, time off work, difficulty in locating a dentist, dentist too far away, or fill-in if none of these. This information will be helpful in developing strategies for future improvements in both service utilization and consumer satisfaction.

BACKGROUND

Dental caries, also known as tooth decay or cavities, and the consequences of caries are among the most prevalent health problems facing infants, children, and adolescents in America today¹. The Managed Risk Medical Insurance Board (MRMIB) Healthy Families Program (HFP) has been providing comprehensive dental coverage and evaluating dental plan performance since 1998. Dental plans submit performance data on selected measures, and MRMIB surveys its families concerning satisfaction with dental plans. Families receive the results in enrollment materials, including the program handbook, and can use the information to compare dental plans. Reports are available to the public on the MRMIB website.

Dental Plan Models

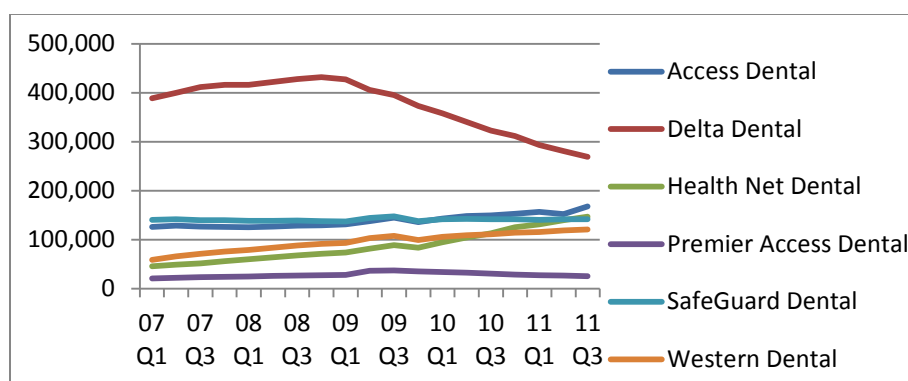
The dental plans participating in HFP can be grouped into two service models - open network and primary care. HFP's open network plans, Delta Dental and Premier Access Dental, allow parents to select any dentist from the plan's network, and dental providers are paid on a fee-for-service basis by the dental plan. HFP's primary care plans, Access Dental, Health Net Dental, SafeGuard Dental and Western Dental, require families to select a primary care dentist within their plan who coordinates the child's dental care. Prior authorization is required from a primary care dentist to see a specialist for non-emergency dental services. The majority of primary care dentists receive a monthly payment from the dental plan for each assigned subscriber, regardless of the number of services the child receives.

Similar to dental plan models for public employees of California, MRMIB requires two years of enrollment in an HFP primary care dental plan for a child to qualify for enrollment in an open network plan, except in small rural areas where primary care plans are not available.

There is a significant difference in utilization between the plan models. Children who are in open network plans receive services at a much higher rate than children in the primary care plans. These differences have been consistent throughout the program's history. In this year's report, ratings are compared among similar service models.

Delta Dental has not been available to new HFP families since November 2009 in most locations (Figure 1). This is of significance to HFP's dental performance measures because Delta Dental is HFP's highest performer at 25 percent above the primary care plan average. However, HFP performance continued to improve this year in nearly every measure – a testament to improvement efforts made by all our dental plans that together drove HFP performance higher.

Figure 1. HFP Total Enrollment by Quarter



¹ Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

BACKGROUND

MRMIB revised its HFP dental measures (Table 1) in 2007. Throughout this report, data are presented for calendar years 2008, 2009 and 2010. This report highlights measures 1-6 that are used by the HFP for monitoring utilization and quality of dental services. Results for measures 7 and 8 are given in Appendix C.

Table 1. HFP Dental Measures

	Measure	Abbr.	Description
	PREVENTION		
1	Oral Health Examinations	OHE	comprehensive and periodic examinations of the mouth, teeth and gums
2	Preventive Dental Services	PDS	teeth cleaning, fluoride treatments, sealants
3	Continuity of Care	COC	exams and/or cleaning for the second year in a row
4	Filling to Preventive Services Ratio	FPSR	application of fluoride or sealants if a tooth was filled in the same year
	TREATMENT		
5	Use of Dental Treatment Services	UDTS	any dental treatment (includes fillings, extracted teeth, root canals, etc.)
	UTILIZATION		
6	Annual Dental Visit	ADV	a visit to the dentist for any reason (a national comparator)
7	Overall Utilization of Dental Services ¹		
	if enrolled 3+ years	OU DS_3	includes children enrolled 3 years or more, and reports as a percent those who have visited the dentist at least once in the last 3 years
	if enrolled 2 years	OU DS_2	includes children enrolled for 2 years (but less than 3 years), and reports as a percent those who have visited the dentist at least once in the last 2 years
	if enrolled 1 year	OU DS_1	includes children enrolled for 1 year (but less than 2 years) and reports as a percent those who have visited the dentist at least once in the last year
	OTHER		
8	Treatment/Prevention of Caries ¹	TPC	dental treatments plus sealants, fluoride, oral health counseling or instruction

MRMIB HFP dental measures include children continuously enrolled for at least 11 months out of the year. The numbers of children that were continuously enrolled in the three years since the new dental measures were introduced are given in Table 2.

Table 2. HFP Children Continuously Enrolled in a Dental Plan

	2008	2009	2010
All HFP Dental Plans	601,885	599,370	578,233
Primary Care Plans	293,937	301,547	306,780
Access Dental	89,515	88,230	99,722
Health Net Dental	43,632	42,272	65,621
SafeGuard Dental	110,152	114,066	74,244
Western Dental	50,638	56,979	67,193
Open Network Plans	307,948	297,823	271,453
Delta Dental	289,465	276,782	247,519
Premier Access Dental	18,483	21,041	23,934

ANNUAL DENTAL VISIT

Annual Dental Visits (ADV) measures a visit to the dentist for any reason, for 2 years of age (by December 31, 2010) and older, and is a measure of utilization of dental care.

In 2010, 60 percent of continuously enrolled HFP children visited the dentist. More than 73 percent of nearly 250,000 children in Delta Dental's plan saw their dentists. For primary care plans, 48 percent visited the dentist, an increase of 1.9% over last year. After taking enrollment differences between years into account, the improvement from 2009 to 2010 represents about 5,000 more children that visited a primary care plan dentist in 2010 than in 2009. Among the primary care plans, children visited Western Dental at a higher rate compared to similar type plans.

Table 3. Annual Dental Visit by Plan

ADV	2008	2009	2010
Healthy Families Program	56.5%	59.3%	60.1%
Primary Care Plans	42.0%	46.4%	48.3%
Access Dental	46.7%	48.0%	48.5%
Health Net Dental	23.9%	40.4%	47.6%
SafeGuard Dental	45.9%	47.4%	47.2%
Western Dental	40.7%	46.7%	49.6%
Open Network Plans	70.3%	72.3%	73.4%
Delta Dental	70.5%	72.6%	73.7%
Premier Access Dental	67.6%	67.6%	70.8%

Because nearly all children visiting the dentist received preventive care (96.7%), demographic analysis is presented in this dental report for *Annual Dental Visits* only.

MRMIB staff uses enrollment data to ensure that income is not a barrier to services. As shown in Table 4, income per se does not appear to be a barrier. This is not surprising since there is no charge for enrollment in a dental plan, or for dental exams, cleanings, fluoride, sealants, x-rays, or fillings. Interestingly, visits to the dentist tend to decrease as income increases.

Table 4. Annual Dental Visit by Percent of Federal Poverty Level (fpl)

	Primary Care Plans			Open Network Plans			HFP		
fpl	2008	2009	2010	2008	2009	2010	2008	2009	2010
100 to 150	42.2%	48.1%	49.3%	70.4%	72.8%	73.9%	56.2%	59.9%	60.5%
>150 to 200	42.3%	46.6%	48.7%	70.8%	72.6%	73.9%	57.0%	59.6%	60.7%
>200 to 250	41.1%	43.6%	45.7%	69.4%	71.0%	71.8%	56.1%	57.7%	58.3%

Table 5. Annual Dental Visit by Age

Age Group	2008	2009	2010
2-3	29.8%	31.6%	34.7%
4-6	61.1%	63.0%	65.1%
7-10	64.2%	66.7%	67.9%
11-14	58.5%	61.9%	62.0%
15-18	52.0%	55.5%	54.7%

Age categories of 10 years and under saw improvements in dental visits this year, while fewer 15-18 year olds visited a dentist.

ANNUAL DENTAL VISIT

Rates among various ethnic groups are given separately for open network and primary care plans, and are presented in order of highest rate in 2010 to lowest rate.

Table 6. ADV Trends by Race/Ethnicity, Open Network Plans Only

OPEN NETWORK	2008		2009		2010	
Race/Ethnicity	Continuously Enrolled 2-18 Yrs Old	Visited the Dentist	Continuously Enrolled 2-18 Yrs Old	Visited the Dentist	Continuously Enrolled 2-18 Yrs Old	Visited the Dentist
Vietnamese	7,138	80.6%	7,165	82.0%	6,721	82.9%
Japanese	154	79.9%	150	79.3%	133	81.2%
Chinese	12,359	77.3%	11,062	78.6%	9,875	79.0%
Amerasian	1,031	70.4%	802	72.2%	698	75.8%
Hispanic/Latino	173,728	71.9%	161,590	74.2%	143,692	75.6%
Korean	2,795	75.6%	2,355	76.5%	2,048	75.2%
Filipino	3,643	71.5%	3,414	73.5%	2,915	73.9%
Other Asian	5,668	69.8%	5,440	71.4%	5,031	72.1%
White	40,205	66.2%	37,649	68.2%	33,220	69.6%
Other/Unknown/Not Given	50,479	66.1%	58,128	68.1%	58,466	69.3%
Cambodian	679	72.6%	656	68.4%	572	69.1%
Asian Indian	3,410	65.6%	3,294	68.4%	3,021	68.9%
Black/African American	4,840	62.0%	4,370	63.7%	3,541	64.7%
NatAm/AlaskaNat	1,314	58.6%	1,332	61.3%	1,172	61.2%
Laotian	505	53.3%	416	54.8%	348	55.2%
HFP Continuously Enrolled	307,948	70.3%	297,823	72.3%	271,453	73.4%

Table 7. ADV Trends by Race/Ethnicity: Primary Care Plans Only

PRIMARY CARE PLANS	2008		2009		2010	
Race/Ethnicity	Continuously Enrolled 2-18 Yrs Old	Visited the Dentist	Continuously Enrolled 2-18 Yrs Old	Visited the Dentist	Continuously Enrolled 2-18 Yrs Old	Visited the Dentist
Hispanic/Latino	171,687	44.6%	166,371	49.9%	157,555	51.1%
Cambodian	787	43.2%	795	48.9%	755	49.4%
Filipino	3,381	39.7%	3,504	43.8%	3,537	49.1%
Vietnamese	5,858	44.5%	5,944	51.1%	6,498	47.6%
Japanese	262	43.1%	277	52.0%	275	47.6%
Other/Unknown/Not Given	58,791	36.5%	73,681	40.5%	89,161	45.3%
Other Asian	7,345	41.8%	6,939	48.0%	6,889	45.2%
Amerasian	876	38.5%	776	42.9%	639	45.1%
White	23,289	37.9%	22,596	40.7%	21,564	45.1%
Black/African American	6,395	36.2%	6,098	39.5%	6,048	44.8%
Asian Indian	1,702	39.4%	1,735	42.5%	1,611	44.6%
Chinese	7,440	45.3%	7,009	51.5%	6,795	44.4%
Korean	5,502	39.4%	5,252	44.1%	4,804	40.7%
NatAm/AlaskaNat	399	28.3%	369	37.4%	463	39.7%
Laotian	223	36.8%	201	39.3%	186	36.6%
HFP Continuously Enrolled	293,937	42.0%	301,547	46.4%	306,780	48.2%

ANNUAL DENTAL VISIT

Hispanic/Latino, Cambodian and Filipino children in the primary care plans visited the dentist at significantly higher rates than other groups in 2010. Significant declines in 2010 dental visits were seen in primary care plans for children from some Asian backgrounds (Table 7). This decline was not seen for the open network plans (Table 6).

Table 8 shows that even within primary care plans, there is variation in how well plans are serving different groups. This variation was not found to be due to differences in ages of children. As HFP and its health plans strive to improve services to our rich diversity of children in California, it is helpful to know which plan is doing well with particular groups, as a possible resource for process improvement ideas.

Table 8. ADV for 2010 by Primary Care Plan Only, with Race/Ethnicity Detail

	Access		Health Net		SafeGuard		Western	
Race/Ethnicity	n=	% ADV	n=	% ADV	n=	% ADV	n=	% ADV
Amerasian	191	47.1%	152	39.5%	167	49.1%	129	43.4%
Asian Indian	619	45.7%	249	40.6%	377	40.8%	366	49.4%
Black/African American	1,567	45.7%	1,530	42.7%	1,210	41.1%	1,741	48.4%
Cambodian	179	53.6%	161	49.1%	249	46.2%	166	50.0%
Chinese	2,357	41.8%	1,173	41.5%	2,838	47.7%	427	44.7%
Filipino	1,003	50.3%	878	50.3%	968	44.4%	688	52.3%
Hispanic/Latino	52,787	51.8%	31,218	50.4%	37,283	49.9%	36,267	52.0%
Japanese	60	50.0%	72	50.0%	103	46.6%	40	42.5%
Korean	1,928	40.4%	527	32.1%	1,963	43.7%	386	39.4%
Laotian	79	40.5%	29	34.5%	43	39.5%	35	25.7%
NatAm/AlaskaNat	122	45.1%	129	36.4%	92	44.6%	120	34.2%
Other Asian	2,160	41.3%	1,360	42.1%	2,546	46.4%	823	48.8%
Other/Unknown/Not Given	27,707	44.6%	21,630	45.7%	18,421	43.7%	21,403	47.1%
Vietnamese	2,346	47.0%	1,304	47.9%	2,097	45.6%	751	54.1%
White	6,617	46.1%	5,209	44.8%	5,887	45.6%	3,851	43.1%
HFP	99,722	48.5%	65,621	47.6%	74,244	47.2%	67,193	49.6%

MRMIB recognizes and appreciates the ongoing health and dental improvement efforts in various California counties, as well as the diversity of their residents and the differences in available resources, both financial and on the provider level. In support of those improvement efforts, ADV is presented below by county, first for the open network plans (Table 9), then for primary care plans (Table 10).

ANNUAL DENTAL VISIT

Table 9. ADV for Open Network Plans by County, with Higher Rate at Top

CA County ¹	2008			2009			2010		
	Visits	Eligible	% ADV	Visits	Eligible	% ADV	Visits	Eligible	% ADV
Monterey	10,373	12,665	81.9%	10,431	12,444	83.8%	10,142	11,926	85.0%
Mono	199	277	71.8%	86	97	88.7%	247	311	79.4%
Santa Cruz	2,919	3,887	75.1%	3,118	4,018	77.6%	3,148	4,022	78.3%
Orange	5,932	7,875	75.3%	4,760	6,199	76.8%	4,234	5,411	78.2%
Santa Clara	13,105	17,490	74.9%	13,318	17,249	77.2%	11,993	15,356	78.1%
Ventura	7,746	10,625	72.9%	8,036	10,704	75.1%	7,148	9,266	77.1%
San Luis Obispo	2,360	3,308	71.3%	2,060	2,756	74.7%	2,352	3,098	75.9%
Los Angeles	13,707	18,612	73.6%	11,107	14,624	76.0%	9,431	12,423	75.9%
San Mateo	4,022	5,620	71.6%	4,007	5,346	75.0%	3,569	4,715	75.7%
Napa	1,693	2,360	71.7%	1,847	2,532	72.9%	1,956	2,586	75.6%
Tuolumne	441	647	68.2%	261	393	66.4%	442	585	75.6%
Kern	9,773	13,648	71.6%	9,650	12,971	74.4%	9,172	12,156	75.5%
Sacramento	8,312	11,646	71.4%	8,507	11,659	73.0%	8,735	11,635	75.1%
Alameda	7,927	11,191	70.8%	7,728	10,715	72.1%	7,124	9,514	74.9%
Stanislaus	4,236	6,081	69.7%	4,234	5,764	73.5%	4,478	6,009	74.5%
Nevada	1,028	1,530	67.2%	1,159	1,585	73.1%	1,264	1,698	74.4%
Sonoma	5,097	7,771	65.6%	5,490	7,960	69.0%	5,822	7,828	74.4%
San Joaquin	7,387	10,805	68.4%	7,497	10,488	71.5%	7,361	9,943	74.0%
San Francisco	5,625	7,935	70.9%	5,689	7,758	73.3%	5,143	6,956	73.9%
San Diego	25,969	36,678	70.8%	25,787	35,139	73.4%	20,346	27,559	73.8%
HFP	216,499	307,948	70.3%	215,215	297,823	72.3%	199,316	271,453	73.4%
San Benito	969	1,299	74.6%	903	1,245	72.5%	860	1,172	73.4%
Placer	1,897	2,677	70.9%	2,118	2,941	72.0%	2,125	2,901	73.3%
Yuba	833	1,237	67.3%	782	1,154	67.8%	808	1,108	72.9%
Kings	1,873	2,763	67.8%	1,836	2,631	69.8%	1,687	2,337	72.2%
Santa Barbara	3,892	5,620	69.3%	4,296	6,203	69.3%	4,403	6,109	72.1%
Madera	1,921	2,805	68.5%	1,945	2,710	71.8%	1,781	2,478	71.9%
Merced	3,441	5,257	65.5%	3,646	5,209	70.0%	3,449	4,835	71.3%
Riverside	15,100	21,891	69.0%	15,679	22,271	70.4%	14,243	20,120	70.8%
Sutter	1,594	2,318	68.8%	1,579	2,219	71.2%	1,399	1,982	70.6%
El Dorado	1,327	1,935	68.6%	1,324	1,935	68.4%	1,313	1,861	70.6%
San Bernardino	11,790	17,158	68.7%	12,567	17,901	70.2%	11,548	16,372	70.5%
Contra Costa	4,485	6,505	68.9%	4,348	6,237	69.7%	3,867	5,489	70.4%
Butte	1,431	2,281	62.7%	1,478	2,241	66.0%	1,349	1,925	70.1%
Del Norte	204	327	62.4%	243	377	64.5%	258	370	69.7%
Fresno	7,771	11,775	66.0%	7,206	10,681	67.5%	6,921	10,043	68.9%
Marin	1,324	1,968	67.3%	1,241	1,898	65.4%	1,308	1,900	68.8%
Humboldt	1,425	2,063	69.1%	1,769	2,543	69.6%	1,614	2,351	68.7%
Siskiyou	361	539	67.0%	346	512	67.6%	328	482	68.0%
Tulare	5,619	8,550	65.7%	5,594	8,469	66.1%	5,107	7,538	67.8%
Yolo	1,602	2,522	63.5%	1,696	2,528	67.1%	1,702	2,530	67.3%
Glenn	578	921	62.8%	630	992	63.5%	633	956	66.2%
Migrant	97	133	72.9%	49	64	76.6%	60	91	65.9%
Solano	1,620	2,518	64.3%	1,672	2,590	64.6%	1,642	2,504	65.6%
Colusa	754	1,124	67.1%	787	1,125	70.0%	747	1,145	65.2%
Tehama	618	1,024	60.4%	614	951	64.6%	609	941	64.7%
Calaveras	263	416	63.2%	294	450	65.3%	250	389	64.3%
Inyo	125	194	64.4%	156	206	75.7%	135	213	63.4%
Amador	151	244	61.9%	168	261	64.4%	168	266	63.2%
Plumas	126	211	59.7%	115	194	59.3%	111	176	63.1%
Shasta	1,523	2,442	62.4%	1,502	2,341	64.2%	1,267	2,048	61.9%
Mendocino	1,028	1,601	64.2%	1,050	1,654	63.5%	992	1,617	61.3%
Imperial	1,843	3,193	57.7%	1,710	2,938	58.2%	1,569	2,565	61.2%
Lake	691	1,144	60.4%	699	1,132	61.7%	637	1,080	59.0%
Mariposa	71	136	52.2%	76	132	57.6%	67	114	58.8%
Trinity	96	190	50.5%	121	182	66.5%	94	172	54.7%
Modoc	74	114	64.9%	77	111	69.4%	56	106	52.8%
Lassen	108	166	65.1%	99	160	61.9%	73	140	52.1%

¹Alpine and Sierra counties cannot be shown because their numbers are too small to preserve anonymity.

ANNUAL DENTAL VISIT

Table 10. ADV for Primary Care Plans by County, with Higher Rate at Top

CA County	2008			2009			2010		
	Visits	Eligible	% ADV	Visits	Eligible	% ADV	Visits	Eligible	% ADV
Yuba	23	101	22.8%	47	147	32.0%	128	218	58.7%
Solano	344	817	42.1%	410	974	42.1%	575	1,001	57.4%
Stanislaus	1,135	2,702	42.0%	1,161	2,660	43.6%	1,449	2,646	54.8%
Kern	1,387	3,362	41.3%	1,475	3,453	42.7%	1,680	3,162	53.1%
Sacramento	2,515	6,157	40.8%	2,495	5,926	42.1%	2,888	5,527	52.3%
Monterey	249	731	34.1%	340	962	35.3%	736	1,412	52.1%
Merced	345	1,005	34.3%	352	989	35.6%	511	992	51.5%
Ventura	1,421	3,251	43.7%	1,405	3,348	42.0%	1,744	3,396	51.4%
Sutter	78	262	29.8%	112	367	30.5%	213	415	51.3%
San Diego	4,880	12,122	40.3%	6,062	14,453	41.9%	10,409	20,286	51.3%
Santa Cruz	47	245	19.2%	75	336	22.3%	232	458	50.7%
San Benito	13	79	16.5%	19	96	19.8%	58	115	50.4%
San Bernardino	12,313	27,889	44.2%	11,969	25,695	46.6%	12,550	24,979	50.2%
Tulare	215	894	24.0%	307	1,119	27.4%	828	1,660	49.9%
Butte	70	246	28.5%	83	358	23.2%	215	432	49.8%
Riverside	12,445	28,313	44.0%	12,660	26,989	46.9%	14,164	28,675	49.4%
San Joaquin	1,039	2,934	35.4%	1,204	3,250	37.0%	1,613	3,273	49.3%
Madera	69	261	26.4%	104	333	31.2%	168	341	49.3%
Contra Costa	733	1,861	39.4%	902	2,246	40.2%	1,317	2,682	49.1%
HFP	125,383	293,019	42.8%	142,017	300,409	47.3%	149,577	305,856	48.9%
Shasta	123	439	28.0%	147	586	25.1%	275	572	48.1%
Santa Clara	725	2,162	33.5%	1,283	3,328	38.6%	2,718	5,656	48.1%
Alameda	843	2,269	37.2%	1,090	2,867	38.0%	1,760	3,691	47.7%
Orange	20,662	49,245	42.0%	24,284	49,220	49.3%	23,515	49,577	47.4%
Los Angeles	59,372	138,062	43.0%	69,404	142,085	48.8%	63,747	135,307	47.1%
San Mateo	335	978	34.3%	513	1,272	40.3%	937	2,025	46.3%
Kings	19	93	20.4%	61	218	28.0%	160	352	45.5%
Fresno	925	3,112	29.7%	1,059	3,326	31.8%	1,444	3,192	45.2%
Imperial	107	461	23.2%	153	566	27.0%	232	530	43.8%
San Francisco	145	522	27.8%	257	735	35.0%	513	1,233	41.6%
San Luis Obispo	25	208	12.0%	32	319	10.0%	88	216	40.7%
Santa Barbara	681	1,702	40.0%	441	1,455	30.3%	454	1,161	39.1%
Sonoma	92	534	17.2%	102	731	14.0%	246	674	36.5%

ORAL HEALTH EXAMS AND PREVENTIVE DENTAL SERVICES

Oral health examinations provide benefits at all ages. In infants and very young children, ongoing establishment of oral flora (germs that cause tooth decay), susceptibility of newly emerging teeth, and development of good dietary habits are important. Caregivers and children benefit from anticipatory guidance and counseling tailored to their particular needs, delivered from a skilled practitioner. Oral health exams are also important for older children/adolescents, who are at a heightened risk of caries due to intake of cariogenic foods and waning attention to oral hygiene.²

HFP's goal is that any child who visits the dentist should receive preventive care, regardless of what brought them in for the initial visit. In 2010, 96.7 percent of children who visited the dentist for any reason also received preventive care such as an exam or prophylaxis (Table 11). This is an improvement over previous years, up from 94.4 percent for 2009 and 93.8 percent for 2008.

Table 11. Exams and Other Preventive Services Provided to Children Visiting the Dentist

	2008	2009	2010
Continuously Enrolled Children	601,885	599,370	578,233
Children Visiting the Dentist	339,924	355,267	347,327
Children Receiving Exams and/or Other Preventive Services	318,866	335,381	335,710
% Receiving Preventive Services	93.8%	94.4%	96.7%

Tables 12, 13 and 14 that appear on the following page present trends for two HFP dental measures concerning prevention. *Oral Health Examinations (OHE)* counts children who received comprehensive or periodic examinations by the dentist. For children under 3, if there was not a comprehensive exam, an oral evaluation and counseling with the primary caregiver counts toward this measure. *Preventive Dental Services (PDS)* includes services such as prophylaxis (teeth cleaning), fluoride treatments and sealants. Children receiving either or both services are counted only once in *Oral Health Exams and/or Preventive Dental Services (OHEPDS)*. Most children (95 percent) receive both types of services within a given year, as evidenced by only slight increases when each child receiving either service (or both) is counted once (Table 14).

With one exception, every dental plan shows significant improvement for both years since the new measures were introduced. Delta Dental leads performance, with over 73 percent of continuously enrolled children receiving exams and/or preventive dental services in 2010 (Table 14). Among primary care plans, Western Dental provided an exam or preventive service at the highest rate. Access Dental did better than either Health Net Dental or SafeGuard Dental.

² Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

ORAL HEALTH EXAMS AND PREVENTIVE DENTAL SERVICES

Table 12. Oral Health Examinations (OHE) by Plan

OHE	2008	2009	2010
Healthy Families Program	51.4%	54.2%	55.4%
Primary Care Plans	36.2%	40.6%	42.9%
Access Dental	40.5%	42.5%	44.0%
Health Net Dental	17.8%	32.9%	40.8%
SafeGuard Dental	39.9%	41.0%	40.8%
Western Dental	36.7%	42.7%	45.8%
Open Network Plans	66.1%	68.3%	69.7%
Delta Dental	66.5%	68.8%	70.2%
Premier Access Dental	60.5%	61.6%	64.8%

Table 13. Preventive Dental Services (PDS) by Plan

PDS	2008	2009	2010
Healthy Families Program	51.0%	53.4%	55.6%
Primary Care Plans	35.1%	38.9%	41.5%
Access Dental	38.6%	39.7%	41.5%
Health Net Dental	17.6%	31.2%	40.3%
SafeGuard Dental	39.0%	39.9%	39.5%
Western Dental	35.9%	41.4%	44.9%
Open Network Plans	66.2%	68.4%	71.8%
Delta Dental	66.4%	68.7%	72.3%
Premier Access Dental	63.2%	63.5%	66.7%

Table 14. Exams and/or Other Preventive Services (OHEPDS) by Plan

OHEPDS	2008	2009	2010
Healthy Families Program	53.8%	56.4%	58.4%
Primary Care Plans	39.1%	43.2%	45.5%
Access Dental	43.4%	45.0%	46.1%
Health Net Dental	20.9%	36.2%	44.2%
SafeGuard Dental	43.2%	43.6%	43.9%
Western Dental	38.7%	44.8%	48.1%
Open Network Plans	68.0%	70.1%	73.2%
Delta Dental	68.1%	70.4%	73.6%
Premier Access Dental	65.7%	66.0%	69.0%

CONTINUITY OF CARE

Continuity of Care (COC) includes any children continuously enrolled for two years and who received an exam and/or cleaning in 2009, and measures the percentage of that group who also received an exam and/or cleaning in 2010.

Table 15. Continuity of Care by Plan

COC	2008	2009	2010
Healthy Families Program	75.5%	77.2%	80.6%
Primary Care Plans	57.7%	61.5%	64.1%
Access Dental	61.7%	64.6%	65.8%
Health Net Dental	36.2%	53.4%	61.3%
SafeGuard Dental	57.2%	60.5%	63.7%
Western Dental	54.8%	60.7%	63.4%
Open Network Plans	82.9%	84.7%	86.7%
Delta Dental	82.9%	84.8%	86.8%
Premier Access Dental	82.5%	83.5%	85.4%

More than 80 percent of HFP children enrolled for two years who had an exam and/or cleaning in 2009 also had an exam and/or cleaning in 2010. Five out of six children enrolled in Delta Dental and Premier Access Dental that received exams and/or cleanings in 2009 returned to receive preventive services again in 2010.

Among primary care plans, Access Dental had a higher rate of children that returned to the dentist for preventive care in consecutive years. Because Access Dental does better with continuity of care, and Western Dental does better with annual dental visits, MRMIB will explore further with these plans to see if they have implemented specific strategies or best practices that account for these differences, such as initial welcome letters to families, or use of reminders for checkups.

CHILDREN RECEIVING FILLINGS

Although not an HFP dental measure, the percentage of children who visited the dentist in 2010 and who received a filling in 2010 can be calculated using the data that the HFP dental plans submit to MRMIB.

Table 16. Fillings Received by Children Visiting the Dentist

	2008	2009	2010
Continuously Enrolled Children	601,885	599,370	578,233
Children Visiting the Dentist	339,924	355,267	347,327
Children Receiving a Filling(s)	142,288	148,371	146,002
% Receiving a Filling(s)	41.9%	41.8%	42.0%

Table 16 shows that the number of HFP children that have received fillings has remained constant over the last three years – 42 percent of children visiting the dentist in 2010 also received a filling during the year. Although everyone’s goal is to see a decrease in the number of children with caries, MRMIB recognizes that the efforts by our families toward healthful eating habits and good oral hygiene, as well as the help of many fine dentists and other healthcare workers throughout California, serve to keep the rate of children receiving fillings from increasing.

Emphasis aimed at education of new parents regarding oral health and utilization of dental services at a younger age appears to have had an impact on the incidence of fillings for younger HFP children. Table 17 shows that fillings for children 6 years of age and younger have decreased. Adolescents 11 years of age and older are receiving more fillings – a reminder that change efforts focused on one area or age group must be accompanied by monitoring to ensure that progress in other areas is not lost.

Table 17. Ages of Children Receiving Fillings

Age Group	2008			2009			2010		
	Visits	Fillings	% with Fillings	Visits	Fillings	% with Fillings	Visits	Fillings	% with Fillings
2 - 3	14,884	3,690	24.8%	15,525	3,492	22.5%	15,062	3,276	21.8%
4 - 6	57,405	25,065	43.7%	57,222	24,348	42.6%	54,758	22,858	41.7%
7 - 10	100,397	46,273	46.1%	103,613	47,773	46.1%	101,283	46,528	45.9%
11 - 14	93,488	35,237	37.7%	98,076	37,460	38.2%	96,398	37,310	38.7%
15 - 18	73,749	32,013	43.4%	80,827	35,297	43.7%	79,826	36,030	45.1%

Interestingly, the rate of fillings varies quite a bit from county to county. For this reason, we have provided the fillings rates by California county in Table 18 on the following page, which may be helpful for local officials making decisions - about fluoridation of water, for example.

CHILDREN RECEIVING FILLINGS

Table 18. The Rate of Fillings: The County with the Lowest (Best) Rate Is Shown First

	2008			2009			2010			3 Year Overall		
LARGE County	Visit	Filling	% of Visits	Visit	Filling	% of Visits	Visit	Filling	% of Visits	Visit	Filling	% of Visits
San Francisco	5770	2038	35.3%	5946	1994	33.5%	5656	1928	34.1%	17372	5960	34.3%
Los Angeles	73079	27141	37.1%	80511	30407	37.8%	73178	27257	37.2%	226768	84805	37.4%
Orange	26594	10581	39.8%	29044	11766	40.5%	27749	10791	38.9%	83387	33138	39.7%
Monterey	10622	4532	42.7%	10771	4225	39.2%	10878	4107	37.8%	32271	12864	39.9%
Alameda	8770	3353	38.2%	8818	3552	40.3%	8884	3708	41.7%	26472	10613	40.1%
Santa Barbara	4573	1959	42.8%	4737	1774	37.4%	4857	1951	40.2%	14167	5684	40.1%
Ventura	9167	3637	39.7%	9441	3719	39.4%	8892	3706	41.7%	27500	11062	40.2%
Contra Costa	5218	2111	40.5%	5250	2142	40.8%	5184	2158	41.6%	15652	6411	41.0%
Fresno	8696	3697	42.5%	8265	3388	41.0%	8365	3640	43.5%	25326	10725	42.3%
San Diego	30849	13569	44.0%	31849	13888	43.6%	30755	12951	42.1%	93453	40408	43.2%
San Mateo	4357	1865	42.8%	4520	1991	44.0%	4506	2018	44.8%	13383	5874	43.9%
Santa Clara	13830	6205	44.9%	14601	6477	44.4%	14711	6578	44.7%	43142	19260	44.6%
San Bernardino	24103	10794	44.8%	24536	11010	44.9%	24098	10757	44.6%	72737	32561	44.8%
Tulare	5834	2478	42.5%	5901	2665	45.2%	5935	2820	47.5%	17670	7963	45.1%
Riverside	27545	12544	45.5%	28339	12866	45.4%	28407	12615	44.4%	84291	38025	45.1%
Sonoma	5189	2388	46.0%	5592	2391	42.8%	6068	2869	47.3%	16849	7648	45.4%
Stanislaus	5371	2385	44.4%	5395	2398	44.4%	5927	2839	47.9%	16693	7622	45.7%
Sacramento	10827	5015	46.3%	11002	5171	47.0%	11623	5144	44.3%	33452	15330	45.8%
Merced	3786	1640	43.3%	3998	1834	45.9%	3960	1964	49.6%	11744	5438	46.3%
San Joaquin	8426	3814	45.3%	8701	4041	46.4%	8974	4315	48.1%	26101	12170	46.6%
Kern	11160	5325	47.7%	11125	5247	47.2%	10852	5273	48.6%	33137	15845	47.8%
SMALL County	Visit	Filling	% of Visits	Visit	Filling	% of Visits	Visit	Filling	% of Visits	Visit	Filling	% of Visits
Trinity	96	27	28.1%	121	33	27.3%	94	29	30.9%	311	89	28.6%
Nevada	1028	333	32.4%	1159	381	32.9%	1264	390	30.9%	3451	1104	32.0%
Marin	1326	449	33.9%	1246	422	33.9%	1380	487	35.3%	3952	1358	34.4%
Kings	1892	731	38.6%	1897	702	37.0%	1847	619	33.5%	5636	2052	36.4%
Shasta	1646	570	34.6%	1649	622	37.7%	1542	615	39.9%	4837	1807	37.4%
Siskiyou	361	147	40.7%	346	116	33.5%	329	130	39.5%	1036	393	37.9%
Humboldt	1429	553	38.7%	1771	675	38.1%	1614	605	37.5%	4814	1833	38.1%
Amador	151	57	37.7%	168	64	38.1%	168	71	42.3%	487	192	39.4%
Migrant	128	49	38.3%	75	29	38.7%	90	38	42.2%	293	116	39.6%
Tehama	619	243	39.3%	617	246	39.9%	613	247	40.3%	1849	736	39.8%
Butte	1501	569	37.9%	1561	638	40.9%	1564	683	43.7%	4626	1890	40.9%
Solano	1964	804	40.9%	2082	848	40.7%	2217	953	43.0%	6263	2605	41.6%
El Dorado	1327	563	42.4%	1324	539	40.7%	1406	593	42.2%	4057	1695	41.8%
Sierra	23	9	39.1%	26	12	46.2%	27	11	40.7%	76	32	42.1%
Placer	1904	832	43.7%	2122	879	41.4%	2255	968	42.9%	6281	2679	42.7%
Imperial	1950	820	42.1%	1863	816	43.8%	1801	764	42.4%	5614	2400	42.8%
Mendocino	1028	441	42.9%	1050	440	41.9%	992	432	43.5%	3070	1313	42.8%
Lassen	108	41	38.0%	99	39	39.4%	73	40	54.8%	280	120	42.9%
Del Norte	204	78	38.2%	243	99	40.7%	258	128	49.6%	705	305	43.3%
Santa Cruz	2966	1280	43.2%	3193	1336	41.8%	3380	1528	45.2%	9539	4144	43.4%
Mariposa	71	27	38.0%	76	31	40.8%	67	36	53.7%	214	94	43.9%
Sutter	1672	724	43.3%	1691	744	44.0%	1612	727	45.1%	4975	2195	44.1%
Lake	694	349	50.3%	699	298	42.6%	637	249	39.1%	2030	896	44.1%
Tuolumne	441	180	40.8%	261	114	43.7%	442	212	48.0%	1144	506	44.2%
San Benito	982	444	45.2%	922	406	44.0%	918	401	43.7%	2822	1251	44.3%
Napa	1693	782	46.2%	1849	773	41.8%	2063	957	46.4%	5605	2512	44.8%
Glenn	579	242	41.8%	630	273	43.3%	633	335	52.9%	1842	850	46.1%
Calaveras	263	127	48.3%	294	133	45.2%	250	113	45.2%	807	373	46.2%
Yolo	1603	774	48.3%	1698	763	44.9%	1708	780	45.7%	5009	2317	46.3%
Yuba	856	380	44.4%	829	359	43.3%	936	497	53.1%	2621	1236	47.2%
Modoc	74	30	40.5%	77	31	40.3%	56	37	66.1%	207	98	47.3%
San Luis Obispo	2385	1033	43.3%	2092	1005	48.0%	2440	1250	51.2%	6917	3288	47.5%
Inyo	125	52	41.6%	156	78	50.0%	135	70	51.9%	416	200	48.1%
Colusa	754	362	48.0%	787	374	47.5%	748	385	51.5%	2289	1121	49.0%
Madera	1990	961	48.3%	2049	995	48.6%	1949	1032	53.0%	5988	2988	49.9%
Mono	199	84	42.2%	86	54	62.8%	247	135	54.7%	532	273	51.3%
Plumas	126	70	55.6%	115	58	50.4%	111	66	59.5%	352	194	55.1%

FILLING TO PREVENTIVE SERVICES RATIO

Filling to Preventive Services Ratio (FPSR) includes children who had one or more fillings in 2010, who also had a topical fluoride or sealant application - preventive services recommended for children at high risk of caries³.

Table 19. Filling to Preventive Services Ratio by Plan

FPSR	2008	2009	2010
Healthy Families Program	74.8%	76.9%	76.7%
Primary Care Plans	60.8%	65.9%	65.1%
Access Dental	60.3%	62.1%	70.0%
Health Net Dental	54.8%	60.0%	70.3%
SafeGuard Dental	59.5%	68.6%	52.3%
Western Dental	67.8%	68.2%	68.7%
Open Network Plans	82.0%	83.6%	84.6%
Delta Dental	82.1%	83.8%	84.8%
Premier Access Dental	79.2%	80.5%	82.9%

Although every plan except SafeGuard Dental made gains in this measure for 2010, SafeGuard Dental's unusually low number for FPSR in 2010 resulted in a lower performance in this measure for HFP overall. Safeguard cites a data reporting issue which is being resolved.

The effect of differences in age groups is strong. For primary care plans, about 74 percent of children 10 and under with fillings receive fluoride or sealants, which drops to 67 percent for 11-14 year-olds, and 45 percent for 15-18 year-olds. This may partly account for the increase in fillings for the older age groups (Table 17).

The denominator for this measure provides us the number of children with fillings. This population was examined for its relationship with *Annual Dental Visits*, and there was no correlation between the need for a filling and visits to the dentist for any demographic category.

³Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

UTILIZATION OF DENTAL TREATMENT SERVICES

Utilization of Dental Treatment Services (UDTS) includes all treatment services such as fillings, tooth extraction and root canals. Note that this measure does not include annual checkups and other preventive services such as fluoride treatments.

Table 20. Utilization of Dental Treatment Services by Plan

UDTS	2008	2009	2010
Healthy Families Program	30.6%	32.0%	31.9%
Primary Care Plans	23.1%	25.8%	25.1%
Access Dental	22.9%	23.5%	24.1%
Health Net Dental	14.3%	20.4%	24.3%
SafeGuard Dental	27.5%	29.6%	25.1%
Western Dental	21.5%	24.9%	27.3%
Open Network Plans	37.8%	38.4%	39.8%
Delta Dental	38.2%	39.0%	40.4%
Premier Access Dental	32.3%	30.6%	33.0%

CONSUMER SURVEY OF FAMILIES

In addition to collecting data on services that each child receives, MRMIB surveys families for their opinions on their child's dental care. To our knowledge, the HFP is the only program in the country using the Dental Consumer Assessment of Health Plans and Systems (D-CAHPS®) survey. HFP's 2010/11 survey consisted of approximately 30 questions that are used to monitor dental care provided to children. Select questions are added if MRMIB has specific concerns regarding dental services to HFP children that only the family can answer.

The newly revised D-CAHPS® was fielded in late Spring 2011 for children continuously enrolled in 2010. This section of the 2010 HFP Dental Quality Report contains scores for three key response items that were present in both the newly revised survey and the older version, and compares scores for 2010/11 with scores from the 2007/08 survey.

Because D-CAHPS® was designed for plan evaluation, 900 families from each dental plan received the survey, regardless of the number of children that each plan served. For this reason, HFP demographics are not accurately reflected in the surveys that were returned, and demographic analysis cannot be performed. For the 2011/12 D-CAHPS® survey being fielded April through June 2012, the number of surveys has been increased proportionately for the large plans in an attempt to obtain usable demographic information.

Surveys were completed by 2,052 families, a drop from the 2007/08 survey, when 2,557 surveys were returned. Response rates from families in open network plans were about 10 percent higher than response rates from families in primary care plans. As shown in Table 21, response rates increase as the time enrolled in HFP increases.

Table 21. Response Rate by Time Enrolled in HFP

Length of Enrollment	n=	% Responding to Survey
Less than one year	228	32.0%
One year to less than 2 years	1856	34.9%
Two years to less than 5 years	2370	37.4%
Greater than 5 years	946	47.0%

As shown on the following pages, parents in the Healthy Families Program were significantly more satisfied with their child's personal dentist *and* with their child's dental plan in 2010/11 compared to the previous survey. Reported overall health of teeth and gums was unchanged.

YOUR CHILD'S REGULAR DENTIST

The survey section *Your Child's Regular Dentist* defines a regular dentist as one "your child would go to for check-ups and cleanings, or when your child has a cavity or tooth pain." The rate at which HFP parents answered yes, their child does have a regular dentist, was 91.4 percent for the 2010/11 survey, not significantly different from the 2007/08 survey (Table 22).

Table 22. Does Your Child Have a Regular Dentist?

REGULAR DENTIST	2007/08			2010/11		
	Yes	No	% Yes	Yes	No	% Yes
Healthy Families Program	2085	210	90.8%	1867	176	91.4%
Primary Care Plans	1307	181	87.8%	1069	136	88.7%
Access Dental	333	37	90.0%	266	36	88.1%
Health Net Dental	329	48	87.3%	268	24	91.8%
SafeGuard Dental	339	26	92.9%	266	22	92.4%
Western Dental	306	70	81.4%	269	54	83.3%
Open Network Plans	778	29	96.4%	798	40	95.2%
Delta Dental	383	18	95.5%	417	19	95.6%
Premier Access Dental	395	11	97.3%	381	21	94.8%

Families reporting that their child had a regular dentist were asked to rate their child's dentist on a scale of 0-10, "where 0 is the worst regular dentist possible and 10 is the best regular dentist possible." Ratings of dentists in the Healthy Families Program were significantly higher in 2010/2011 than in 2007/2008 (Table 23). Ratings of open network model dentists were significantly higher than ratings for primary care dentists, but the differences between dentists belonging to the same plan model were not significant. All primary care model plans showed improvement in dentist scores, as did Delta Dental.

Table 23. Rate Your Child's Regular Dentist

RATE YOUR CHILD'S DENTIST	2007/08			2010/11		
	n=	Average	% Scoring 8,9 or 10	n=	Average	% Scoring 8,9 or 10
Healthy Families Program	1834	7.95	70.4%	1747	8.21	74.7%
Primary Care Plans	1105	7.81	63.2%	998	7.81	69.4%
Access Dental	280	7.60	63.2%	243	7.74	66.7%
Health Net Dental	271	7.42	62.4%	356	7.91	72.3%
SafeGuard Dental	292	7.55	64.0%	255	7.73	66.7%
Western Dental	262	7.47	63.0%	244	7.85	70.5%
Open Network Plans	729	8.62	81.9%	749	8.73	85.3%
Delta Dental	363	8.52	79.6%	393	8.77	85.5%
Premier Access Dental	366	8.72	84.2%	356	8.69	85.1%

YOUR CHILD'S DENTAL PLAN

The survey section *Your Child's Dental Plan* asks the parent to rate their child's dental plan on a scale of 0-10, "where 0 is the worst regular dental plan possible and 10 is the best dental plan possible." Ratings of dental plans in the Healthy Families Program were significantly higher in 2010/2011 than in 2007/2008 (Table 24). While all dental plans saw improvement in plan rating scores, improvements were statistically significant for Premier Access Dental, Delta Dental, and Health Net Dental.

Ratings for the open network plan models were significantly higher than ratings for primary care plan models. There were no significant differences between plans of the same model type.

Table 24. Rate Your Child's Dental Plan

RATE YOUR CHILD'S DENTAL PLAN	2007/08			2010/11		
	n=	Average	% Scoring 8,9 or 10	n=	Average	% Scoring 8,9 or 10
Healthy Families Program	2455	7.68	66.0%	2003	8.08	71.1%
Primary Care Plans	1602	7.38	61.5%	1177	7.63	65.3%
Access Dental	397	7.27	59.2%	295	7.43	63.1%
Health Net Dental	409	7.27	60.2%	285	7.78	68.8%
SafeGuard Dental	399	7.44	62.2%	281	7.52	62.3%
Western Dental	397	7.55	64.5%	316	7.77	66.8%
Open Network Plans	853	8.23	75.0%	826	8.72	82.9%
Delta Dental	427	8.43	79.2%	428	8.83	85.5%
Premier Access Dental	426	8.02	70.7%	398	8.60	80.2%

OVERALL CONDITION OF YOUR CHILD'S TEETH AND GUMS

The survey section *About Your Child* begins by asking parents, "In general, how would you rate the overall condition of your child's teeth and gums?" Scores for overall condition of child's teeth and gums in 2010/2011 were not significantly different from 2007/2008 (Table 25). Note that a lower number for the average score is better.

About half of parents in the Healthy Families Program rate the overall condition of their child's teeth and gums as excellent or very good. Parents who rated the health of their child's teeth and gums as fair or poor was 12 percent for open network plans and 19 percent for primary care plans.

Table 25. Overall Condition of Your Child's Teeth and Gums

RATE CONDITION OF YOUR CHILD'S TEETH AND GUMS	2007/08			2010/11		
	n=	Average Score	% Excellent or Very Good	n=	Average Score	% Excellent or Very Good
Healthy Families Program	2520	2.53	49%	2012	2.47	52%
Primary Care Plans	1642	2.68	42%	1190	2.57	47%
Access Dental	416	2.75	40%	294	2.61	45%
Health Net Dental	422	2.76	40%	290	2.61	48%
SafeGuard Dental	409	2.69	42%	288	2.58	49%
Western Dental	408	2.53	48%	318	2.52	47%
Open Network Plans	865	2.22	62%	825	2.30	61%
Delta Dental	432	2.32	56%	429	2.30	60%
Premier Access Dental	433	2.12	68%	396	2.31	61%

1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor

2011 AND BEYOND

Oral Health Initiatives

In July 2010, MRMIB launched an 18-month oral health improvement project with support from the California Health Care Foundation and the Center for Health Care Strategies. The goals of the *Healthy Smiles – Healthy Families* project are to improve access to diagnostic, preventive, and dental treatment services for children under the age of seven, drive the integration of medical and dental services in HFP, and increase the value of MRMIB's investment in oral health care. A work group of state and national experts in the field of children's oral health quality and representatives from the six contracted dental plans participated in the project and development of the following recommendations:

1. Develop a sustainable collaborative charged with strengthening the statewide oral health infrastructure;
2. Advance cross-disciplinary provider engagement;
3. Expand oral health care education and screening in community-based settings;
4. Pursue innovative public agency purchasing strategies and performance goals aligned across health and dental plans; and
5. Outreach to and educate HFP beneficiaries around recommended utilization and self-management.

To further efforts to promote oral health, MRMIB applied for and received a grant from the DentaQuest Foundation in October 2011. This grant is one avenue by which MRMIB will continue to work towards improving utilization of oral health services for children in HFP.

Encounter Data Submissions

In 2009, the Children's Health Insurance Program (CHIP) Reauthorization Act required that plans and other organizations participating in CHIP provide the state with encounter and claims data. MRMIB has been working with HFP health and dental plans since 2007 on eventual submission of de-identified encounter data for Healthy Families Program children. As of this writing, all dental plans have entered the testing phase for data submission that meets the updated HIPAA requirements. Importantly, encounter data will enable the HFP to identify service problem areas in greater detail than is obtainable from select performance measures submitted by the plans. Further, since all HFP dental measures are derived from encounter data, it may be possible in the future to eliminate the requirement for dental plans to report to HFP on measures.

Quality Information That Is More Consumer-Friendly

The HFP enrollment handbook contains information on plan availability and cost by county of residence. Currently, the plan quality information is located at the back of the handbook contained within 21 tables that the user must search through to find plans of interest. For the 2013/14 handbook, MRMIB is exploring alternatives for presenting quality information in a more consumer-friendly manner.

Contract Standards

As MRMIB continues its emphasis on improving children's oral health, increasing prevention visits and good oral health education, MRMIB dental contracts also reflect this priority. HFP dental contracts provide clear expectations on annual dental visits, oral health examinations and preventive dental services, continuity of care, and treatment and prevention of caries.

APPENDIX A: Data Analysis for Dental Measures

MRMIB HFP Dental Measures with Relevant Current Dental Terminology (CDT) Codes

Annual Dental Visit (ADV)	Measure includes subscribers ages 2 through 18 years as of December 31, 2010, that were continuously enrolled for 11 of 12 months of 2011 (denominator), who had at least one dental visit in 2010 (numerator).
Oral Health Examination (OHE)	Measure includes subscribers enrolled for at least 11 of 12 months of 2010 (denominator) who received a comprehensive or periodic oral evaluation (D0120 or D0150) in 2010 (numerator); children under the age of three not receiving service D0120 or D0150 are counted if they received an oral health evaluation and counseling with the primary caregiver (D0145) in 2010.
Preventive Dental Services (PDS)	Measure includes subscribers enrolled for at least 11 of 12 months of 2010 (denominator) who received any preventive dental service (D1000-D1999) in 2010 (numerator).
Continuity of Care (COC)	Measure includes subscribers continuously enrolled in the same plan for two years with no gap in coverage who received a comprehensive or periodic oral evaluation (D0120 or D0150) or a prophylaxis (D1110 or D1120) in 2009 (denominator) and who received a comprehensive or periodic oral evaluation (D0120 or D0150) or a prophylaxis (D1110 or D1120) in 2010 (numerator).
Filling to Preventive Services Ratio (FPSR)	Measure includes subscribers enrolled for at least 11 of 12 months of 2010 (denominator) who received one or more fillings (D2000-D2999) in 2010 (denominator) and who also received a topical fluoride (D1203, D1204 or D1206), a sealant application (D1351, D1352), or education to prevent caries (D1310 and D1330) in 2010 (numerator).
Use of Dental Treatment Services (UDTS)	Measure includes subscribers enrolled for at least 11 of 12 months of 2010 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2010 (numerator).

Data Collection

The information for dental measures in this report is based on administrative data that HFP received from its six dental plans for children continuously enrolled from January 1, 2010 through December 31, 2010. Plans query their administrative databases for eligible subscribers and submit data indicating children who received or did not receive the services.

Data Processing and Quality Review

MRMIB uses SAS to perform data quality checks, standardize data for reporting, produce frequencies and rates, and perform statistical analyses. Data from the plans is first checked to ensure that children have been enrolled in HFP for 11 of 12 months in 2010. HFP children not yet 2 years of age by December 31, 2010 were not included for the rates in this report, since some plans included 0-1 year olds in their data submission and some did not.

Trends and Data Comparisons

HFP's dental measures were revised in 2007, and this report includes data for the three years since the revised measures took effect. In this way, improvement over time can be evaluated. Weighted averages for each of the two plan payment types are given to allow dental plans to compare their performance with similarly structured plans. Analysis of variance (ANOVA) and Student Newman Keuls tests were performed using the SAS Procedure General Linear Model (GLM) to estimate significance of differences between plans.

APPENDIX B: Data Analysis for D-CAHPS

Data Collection

The D-CAHPS® consumer survey highlights presented in the second half of this report are based on data collected by DataStat, Inc., HFP's survey vendor. A random sample of 900 children for each dental plan was drawn for children that were ages 4-18 as of December 31, 2010, and enrolled continuously during 2010. Parents were surveyed according to their preferred language in Spanish, English, Chinese, Vietnamese, and Korean.

Attempts were made to survey 5400 parent households during the period 04/21/11 through 07/06/11 using a mixed mode (mail and telephone) survey procedure and questionnaire. Telephone follow up was initiated for English and Spanish speaking households not responding to the mailings if there was a telephone number available.

The D-CAHPS® used for 2010/11 is a child adaptation of the 2009 D-CAHPS® adult instrument, and is different from the survey fielded for the 2007/08 dental report. Several key items from the previous survey that were the same in the new survey are presented in this report, so that improvements could be evaluated.

Data Processing and Quality Review

MRMIB uses SAS to perform data quality checks, standardize data for reporting, produce frequencies and rates, and perform statistical analyses.

Trends and Data Comparisons

For the ratings in Table 23 and 24, the number of surveys containing a response to that item is given (n=), along with the average score, and the percent of responses that were 8, 9, or 10. Scores are presented for 2010/11 and for 2007/08, the last time the dental survey was sponsored by the Healthy Families Program. Analysis of variance (ANOVA) and Student Newman Keuls tests were performed using the SAS Procedure General Linear Model (GLM) to estimate significance of differences between plans.

APPENDIX C: HFP Dental Plan Trends

MRMIB Healthy Families Program Dental Measures by Plan and by Year

	HFP ALL			Delta			Premier			Open Network		
	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
OHE	51.44	54.19	55.35	66.48	68.81	70.15	60.53	61.61	64.80	66.13	68.32	69.69
PDS	50.96	53.36	55.60	66.40	68.74	72.31	63.20	63.50	66.70	66.21	68.38	71.82
OHEPDS	53.82	56.37	58.42	68.11	70.36	73.64	65.66	66.04	68.95	67.96	70.07	73.24
COC	75.53	77.21	80.57	82.89	84.79	86.76	82.49	83.45	85.44	82.87	84.72	86.68
FPSR	74.80	76.90	76.74	82.13	83.82	84.76	79.18	80.46	82.91	81.98	83.63	84.62
ADV	56.48	59.27	60.07	70.47	72.62	73.68	67.63	67.55	70.82	70.30	72.26	73.43
UDTS	30.60	31.97	31.93	38.16	38.99	40.41	32.26	30.62	33.04	37.81	38.42	39.78
OUDS_1	48.38	48.05	52.52	66.54	63.39	70.41	64.47	57.73	64.53	66.38	62.96	69.34
OUDS_2	54.55	56.77	69.09	67.68	68.75	79.27	67.06	68.38	68.78	67.64	68.73	78.53
OUDS_3	66.98	68.34	81.00	74.28	74.48	91.62	72.26	73.55	76.53	74.19	74.43	90.77
TPC	47.21	50.04	52.21	63.08	65.84	69.46	58.40	59.16	63.10	62.80	65.38	68.91

	Access			Safeguard			Western			Health Net			Primary Care		
	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
OHE	40.45	42.54	43.97	39.89	40.96	40.82	36.66	42.65	45.83	17.77	32.92	40.84	36.18	40.60	42.86
PDS	38.55	39.69	41.53	38.95	39.89	39.51	35.87	41.41	44.86	17.59	31.23	40.30	35.09	38.91	41.46
OHEPDS	43.35	45.03	46.10	43.18	43.60	43.86	38.71	44.82	48.05	20.89	36.15	44.19	39.11	43.19	45.51
COC	61.67	64.59	65.83	57.18	60.53	63.70	54.75	60.73	63.44	36.20	53.35	61.28	57.70	61.52	64.10
FPSR	60.25	62.09	70.04	59.50	68.56	52.29	67.75	68.20	68.71	54.84	60.03	70.32	60.77	65.89	65.08
ADV	46.71	47.96	48.53	45.89	47.41	47.23	40.72	46.70	49.58	23.94	40.35	47.59	41.99	46.44	48.25
UDTS	22.93	23.50	24.13	27.51	29.63	25.07	21.50	24.91	27.32	14.28	20.40	24.32	23.11	25.77	25.10
OUDS_1	43.55	40.14	43.14	29.67	28.04	46.46	40.92	44.92	49.69	18.30	36.57	48.00	33.49	35.75	46.59
OUDS_2	44.92	45.88	47.45	44.95	38.43	63.93	57.26	61.44	64.44	39.29	47.14	58.69	45.98	46.55	57.14
OUDS_3	50.15	51.56	52.55	60.30	65.41	75.76	57.98	73.81	77.42	41.73	54.89	67.67	55.13	60.49	63.79
TPC	33.46	35.98	37.92	33.61	35.90	34.32	32.50	38.35	42.11	17.73	28.04	36.97	30.99	35.28	37.67